



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

REQUEST FOR DUPLICATE LICENSE

COMPLETE ALL INFORMATION REQUESTED BELOW AND SUBMIT TO:
State of Connecticut Insurance Department — Licensing Division
PO Box 816
Hartford, CT 06142-0816
Phone: (860) 297-3845

Enclose \$25.00 check for a Duplicate License, payable to "Treasurer, State of Connecticut" (include licensee's Federal Tax ID number [SSN or FEIN] and license number on check).

CT LICENSE #: _____

NAME OF LICENSEE: _____

SSN or FEIN: _____

Duplicate License, \$25.00 (each)= \$_____ (enclosed)

SEND TO: _____

Signed _____ Date Signed _____

(print name) _____

Contact Phone Number _____ Email _____